

CITY OF HOPKINS
APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER
www.hopkinsmn.com



Date Received _____

Application No. _____

We welcome you as an applicant for employment. Your application will be considered for the position you specify. Qualified applicants are considered for positions without regard to race, color, creed, religion, national origin, affectional or sexual preference, marital status, disability, political affiliations, sex, age, or status with regard to public assistance.

TITLE OR KIND OF WORK APPLIED FOR Firefighter	FULL TIME <input type="checkbox"/> PART TIME <input checked="" type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/>	DATE AVAILABLE
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PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	
PRESENT PERMANENT ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	BEST TIME TO CALL	
E-MAIL ADDRESS	DRIVER'S LICENSE NUMBER	STATE	

IMPORTANT NOTICE TO ALL APPLICANTS

Minnesota law requires that you be informed of the purpose and intended uses of the information you provide to the City of Hopkins during the application process or during employment. Any information about yourself that you provide during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, it is necessary for you to provide the information requested in the Employment Application if you wish to be considered for employment. If you do not supply the information requested, it may mean that your application is not considered.

The City may provide the information to:

1. Persons authorized to have access to the information under state or federal law; and
2. Persons authorized by court order to have access to the information; and
3. Persons to whom you consent in writing to have access to the information.

All individuals in the City who need to know the information will have access.

APPLICANT'S STATEMENT

I authorize and consent to having City representatives make inquiries about me if I am to be considered for employment. Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability for issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, which I have to such information.

I understand that misrepresentation or omission of facts will mean that I will no longer be considered for employment or, if am hired by the City, may be cause for dismissal.

I understand that employment is, at minimum, conditioned upon successfully completing a physical exam, criminal background check, and driver's license checks. If you have lived in Minnesota for less than five years, the City will also conduct a federal criminal record check. I have have not lived in Minnesota for the last five years.

The City requires drug and alcohol testing for all position finalists. A copy of the City's Drug and Alcohol Policy is available upon request from Personnel. I agree to these tests if I receive a conditional offer of employment.

I understand that this authorization may be revoked in writing by me at any time and in no event will it be valid for more than two years from the date below.

SIGNATURE

DATE

(OVER)

VETERAN'S PREFERENCE

Are you a veteran?

Yes

No

Are you claiming veteran's preference for this position?
(Veteran's preference does not apply to Department Head Positions)

Yes

No

If you are claiming veteran's preference, please check the preference you are claiming:

_____ Veteran - defined as a person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty.

_____ Disabled veteran - a veteran having a compensable service connected disability.

_____ Spouse of a deceased veteran.

_____ Spouse of a disabled veteran who is unable to use the preference.

It is necessary for you to provide a copy of your form DD-214. Disabled veterans must also supply form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply a copy of their marriage certificate, the veteran's DD-214 and FL-802 or death certificate.

Your veteran's preference points cannot be considered without supporting documentation. If the documentation is not attached, it must be received by Personnel no later than 7 calendar days after the deadline date for the position.

Please list any skills acquired in the service which may apply to this position.

UNSALARIED OR VOLUNTEER EXPERIENCE

LIST ANY OTHER SKILLS OR EXPERIENCE WHICH, IN YOUR OPINION, QUALIFIES YOU FOR THIS POSITION

EDUCATIONAL INFORMATION

CIRCLE HIGHEST GRADE COMPLETED	Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 13 14 15 16	Post Graduate 1 2 MA PHD
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DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED?

NAME AND ADDRESS OF HIGH SCHOOL:

TYPE OF SCHOOL	NAME & MAILING ADDRESS OF SCHOOL	MAJOR	DEGREE?
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate			Yes <input type="checkbox"/> No <input type="checkbox"/>
Technical			Yes <input type="checkbox"/> No <input type="checkbox"/>
Technical			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

LIST ANY CORRESPONDENCE COURSES, SPECIAL COURSES, SEMINARS, WORKSHOPS, TRAINING SESSIONS, LICENSES OR CERTIFICATES THAT MIGHT RELATE TO THE POSITION APPLIED FOR:

EMPLOYMENT INFORMATION

LIST A COMPLETE ACCOUNT OF YOUR WORK EXPERIENCE. GIVE YOUR PRESENT OR MOST RECENT EMPLOYMENT FIRST.

EMPLOYING FIRM: _____

ADDRESS: _____

YOUR TITLE: _____

SUPERVISOR: _____ Phone #: _____

SPECIFIC DUTIES

REASON FOR SEEKING OTHER EMPLOYMENT: _____

LENGTH OF EMPLOYMENT

FROM: _____
Month Year

TO: _____
Month Year

TOTAL: _____ Years, _____ Months

HOURS PER WEEK: _____

SALARY: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES: NO:

LIST A COMPLETE ACCOUNT OF YOUR WORK EXPERIENCE.
GIVE YOUR PRESENT OR MOST RECENT EMPLOYMENT FIRST.

EMPLOYING FIRM:

ADDRESS:

YOUR TITLE:

SUPERVISOR:

Phone #:

SPECIFIC DUTIES

REASON FOR SEEKING OTHER EMPLOYMENT:

LENGTH OF EMPLOYMENT

FROM: _____
Month Year

TO: _____
Month Year

TOTAL: ____ Years, ____ Months

HOURS PER WEEK: _____

SALARY: _____

MAY WE CONTACT THIS EMPLOYER?

YES:

NO:

EMPLOYING FIRM:

ADDRESS:

YOUR TITLE:

SUPERVISOR:

Phone #:

SPECIFIC DUTIES

REASON FOR SEEKING OTHER EMPLOYMENT:

LENGTH OF EMPLOYMENT

FROM: _____
Month Year

TO: _____
Month Year

TOTAL: ____ Years, ____ Months

HOURS PER WEEK: _____

SALARY: _____

MAY WE CONTACT THIS EMPLOYER?

YES:

NO:

EMPLOYING FIRM:

ADDRESS:

YOUR TITLE:

SUPERVISOR:

Phone #:

SPECIFIC DUTIES

REASON FOR SEEKING OTHER EMPLOYMENT:

LENGTH OF EMPLOYMENT

FROM: _____
Month Year

TO: _____
Month Year

TOTAL: ____ Years, ____ Months

HOURS PER WEEK: _____

SALARY: _____

MAY WE CONTACT THIS EMPLOYER?

YES:

NO:

EQUAL EMPLOYMENT/AFFIRMATIVE ACTION DATA

The purpose of collecting the data requested below is to comply with State and Federal Equal Opportunity Employment reporting and other legal requirements. This form will be filed separate from your application and it will not be used in our recruitment evaluation process. The following information is requested for reporting purposes only. Please note that your cooperation in providing the following data is voluntary and including or excluding any data will not affect any recruitment selection decisions.

Job applied for: _____

Date: _____

Gender:

- Female
- Male

Race/Ethnic Group:

- American Indian/Alaskan Native
- African American/Black
- Asian or Pacific Islander
- Hispanic
- White
- Other _____

Where did you learn about this job opening?

Newspaper

- Star Tribune
- Sun Sailor
- Women's Press
- Spokesman
- Insight News
- Other newspaper

Internet

- City of Hopkins
- League of MN Cities
- POST Board
- Craig's List
- MN Works
- Other: _____

- City Employee**
- Posted notice at a City Building**

- League of MN Cities Bulletin**
- Professional Publication**
- Other:** Please list _____